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ASSOC. OF STATE DEM. CHAIRS ASDC -> GA DEM PARTY

NO.272

P.3

NO.613 P003/006

Form
(July 2000)**8871**Department of the Treasury
Internal Revenue Service**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

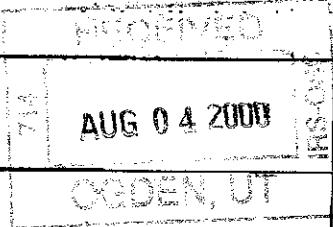
Part I General Information

1 Name of organization <u>Committee to Elect R.M. Channell</u>		Employer identification number <u>91-2065601</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>P.O. Box 730</u> City or town, state, and ZIP code <u>Greensboro, GA 30642</u>		
3 E-mail address of organization		
4a Name of custodian of records <u>R.H. Maddux</u>	4b Custodian's address <u>6081 Lake Oconee Parkway</u> <u>Greensboro, GA 30642</u>	
5a Name of contact person <u>R.H. Maddux</u>	5b Contact person's address <u>6081 Lake Oconee Parkway</u> <u>Greensboro, GA 30642</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization <u>to raise money for campaign</u>

Part III List of All Related Entities (see instructions)

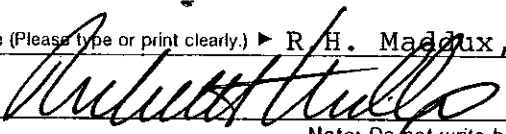
8a Name of related entity	8b Relationship	8c Address
		

Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Committee to Elect R.M. Channell		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) P.O. Box 730		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Greensboro, GA 30642		5b City, state, and ZIP code
	6 County and state where principal business is located Greene County, Georgia		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► 259-76-9155 R.H. Maddux		
	8a Type of entity (Check only one box.) (See instructions.)		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► campaign committee <input type="checkbox"/> Other (specify) ►</div><div><input type="checkbox"/> Personal service corp. <input type="checkbox"/> Limited liability co. <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization</div><div><input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> Farmers' cooperative</div></div>			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (Check only one box.)			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Started new business (specify) ► <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ►</div><div><input type="checkbox"/> Banking purpose (specify) ► <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input checked="" type="checkbox"/> Other (specify) ► 527 disclosure</div></div>			
10 Date business started or acquired (Mo., day, year) (See instructions.)		11 Closing month of accounting year (See instructions.)	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ►			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) . N/A ►		Nonagricultural	Agricultural Household
14 Principal activity (See instructions.) ► raising money for campaign			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ► R.H. Maddux, Treasurer		Business telephone number (include area code) 706 453-2943 Fax telephone number (include area code) 706 453-4437	
Signature ► 		Date ► July 31, 2000	
Note: Do not write below this line. For official use only.			
Please leave blank ►	Geo.	Ind.	Class Size Reason for applying